

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** EPSDT Clinics  
Managed Care Plans

**Memorandum No:** 05-77 MAA  
**Issued:** August 25, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For information call:**  
1-800-562-3022

**Subject: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): Fee  
Schedule Corrections**

**Retroactive for claims with dates of service on and after July 1, 2005,** the Medical Assistance Administration (MAA) has corrected the following:

- Adjusted the maximum allowable fees for the EPSDT program for CPT codes 90648, 90743, and 90744.
- Replaced J1563 with Q9941 and Q9942.
- Replaced J1564 with Q9943 and Q9944.

### **Rate Correction**

**Retroactive for claims with dates of service on and after July 1, 2005,** MAA has corrected the following maximum allowable fees:

<b>Procedure Code</b>	<b>Brief Description</b>	<b>July 1, 2005 Maximum Allowable Fee</b>
90648	Hib vaccine, prp-t, im	\$21.63
90743	Hep b vacc, adol, 2 dose, im	30.75
90744	Hepb vacc ped/adol 3 dose im	30.95

### **Procedure Codes Reclassified**

MAA replaced procedure codes:

- J1563 with Q9941 and Q9942; and
- J1564 with Q9943 and Q9944.

### **Resubmitting Claims**

Do not resubmit claims that have already been paid. MAA will adjust the claims that have been paid or billed to date, if necessary.

## **Billing Instructions Replacement Pages**

Attached are updated replacement pages E.7-E.10 for MAA's current *Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Billing Instructions*.

Bill MAA your usual and customary charge.

## **How can I get MAA's provider issuances?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

## Clients 19-20 Years of Age – All Vaccines

- Bill MAA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with any of the vaccines for clients 19-20 years of age, regardless of whether the vaccine is shaded or not. MAA reimburses for the vaccine using MAA's maximum allowable fee schedule.
- Bill for the administration using CPT codes 90471 (one vaccine) and 90472 (each additional vaccine). Reimbursement is limited to one unit of 90471 and one unit of 90472 (maximum of two vaccines).
- Providers **must** bill 90471 and 90472 on the **same** claim as the procedure code for the vaccine.

## Health Departments

Health Departments may bill CPT code 99211 when an immunization is the only service provided.

**Example:** If a client receives an immunization that is not available free of charge from the Department of Health (DOH), you may bill CPT code 99211, the appropriate immunization administration code(s) (i.e. 90471-90472 or 90465-90468), and the vaccine. If the vaccine was received at no charge from DOH, you may bill 99211 and the appropriate vaccine code with modifier –SL.

## Immunization Fees

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90585	Bcg vaccine, percut	\$114.86	\$114.86
90586	Bcg vaccine, intravesical	113.57	113.57
90632	Hep a vaccine, adult im	42.86	42.86
90633	Hep a vacc, ped/adol, 2 dose	22.09	22.09
90636	Hep a/hep b vacc, adult im	83.33	83.33
90645	Hib vaccine, hboc, im	21.26	21.26
90646	Hib vaccine, prp-d, im	36.82	36.82
90647	Hib vaccine, prp-omp, im	21.26	21.26
90648	Hib vaccine, prp-t, im	21.63	21.63
90655	Flu vacc split pres free 6-35 months (per each 0.25 ml)	12.38	12.38
90656	Flu vacc split pres free 3 years and up (per each .50 ml)	12.38	12.38

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# Memo 05-77 MAA

-E.7-

Billing/Fee Schedule

Changed Text

**EPSDT Program**

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90657	Flu vaccine, 6-35mo, im (per each .24ml)	\$6.19	\$6.19
90658	Flu vaccine, 3 yrs, im (per each .50 ml)	10.10	10.10
90660	Flu vaccine, nasal (per dose) (Covered October 1 through March 31 only)	24.19	24.19
90665	Lyme disease vaccine, im	55.31	55.31
90669	Pneumococcal vacc, ped<5	70.74	70.74
90675	Rabies vaccine, im	136.23	136.23
90676	Rabies vaccine, id	67.04	67.04
90690	Typhoid vaccine, oral	36.84	36.84
90691	Typhoid vaccine, im	34.97	34.97
90692	Typhoid vaccine, h-p, sc/id	2.07	2.07
90700	Dtap vaccine, im	12.02	12.02
90701	Dtp vaccine, im	18.21	18.21
90702	Dt vaccine <7, im	4.85	4.85
90703	Tetanus vaccine, im	14.57	14.57
90704	Mumps vaccine, sc	17.93	17.93
90705	Measles vaccine, sc	13.62	13.62
90706	Rubella vaccine, sc	15.02	15.02
90707	Mmr vaccine, sc	36.13	36.13
90708	Measles-rubella vaccine, sc	18.22	18.22
90712	Oral poliovirus vaccine	17.59	17.59
90713	Poliovirus vaccine	24.73	24.73
90715	Tdap, 7 years & older, intramuscular	Acquisition cost	Acquisition cost
90716	Chicken pox vaccine, sc	63.26	63.26
90717	Yellow fever vaccine, sc	49.26	49.26
90718	Td vaccine >7, im	16.04	16.04
90720	Dtp/hib vaccine, im	\$28.34	\$28.34
90725	Cholera vaccine, injectable	2.78	2.78
90732	Pneumococcal vacc, adult/ill	22.24	22.24
90733	Meningococcal vaccine, sc	82.66	82.66
90734	Meningococcal vaccine, intramuscular	Acquisition cost	Acquisition cost
90735	Encephalitis vaccine, sc	82.14	82.14
90740	Hep b vacc, ill pat 3 dose im	103.12	103.12
90743	Hep b vacc, adol, 2 dose, im	30.75	30.75
90744	Hep b vacc ped/adol 3 dose, im	30.95	30.95
90746	Hep b vaccine, adult, im	51.56	51.56
90747	Hep b vacc, ill pat 4 dose, im	103.12	103.12
90748	Hep b/hib vaccine, im	92.02	92.02
90749	Vaccine toxoid	Not Covered	Not Covered

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# Memo 05-77 MAA

-E.8-

**Billing/Fee Schedule**

**Changed Text**

## Drugs Administered in the Provider's Office

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
J0850	Cytomegalovirus imm IV / vial	\$672.53	\$672.53
J1460	Gamma globulin 1 CC inj	9.99	9.99
J1470	Gamma globulin 2 CC inj	19.97	19.97
J1480	Gamma globulin 3 CC inj	29.95	29.95
J1490	Gamma globulin 4 CC inj	39.95	39.95
J1500	Gamma globulin 5 CC inj	49.93	49.93
J1510	Gamma globulin 6 CC inj	59.95	59.95
J1520	Gamma globulin 7 CC inj	69.85	69.85
J1530	Gamma globulin 8 CC inj	79.89	79.89
J1540	Gamma globulin 9 CC inj	89.93	89.93
J1550	Gamma globulin 10 CC inj	99.86	99.86
J1560	Gamma globulin > 10 CC inj (per cc)	99.76	99.76
J1565	RSV-ivig	16.18	16.18
J1670	Tetanus immune globulin inj	80.39	80.39
J2790	Rho d immune globulin inj	93.54	93.54
J2792	Rho(D) immune globulin h, sd	10.01	10.01
Q9941	IV immune globulin	42.04	42.04
Q9942	IVIG lyophil 10 mg	0.42	0.42
Q9943	IVIG non-lyophil 1 G	55.93	55.93
Q9944	Immune globulin 10 mg	0.56	0.56
90780	IV infusion therapy, 1 hour	54.73	54.73
90781	IV infusion, additional hour	15.22	15.22
90782	Injection, sc, im	11.36	11.36
90783	Injection, ia	11.36	11.36
90784	Injection, iv	23.16	23.16

**Note:** J1563 has been replaced by Q9941 and Q9942. J1564 has been replaced by Q9943 and Q9944.

## Immune Globulins

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90281	Human ig, im	Not covered	Not covered
90283	Human ig, iv	Not covered	Not covered
90287	Botulinum antitoxin	Not covered	Not covered
90288	Botulism ig, iv	Not covered	Not covered
90291	Cmv ig, iv	Not covered	Not covered

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# Memo 05-77MAA

-E.9-

Billing/Fee Schedule

Changed Text

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90296	Diphtheria antitoxin	Not covered	Not covered
90371	Hep b ig, im	\$117.74	\$117.74
90375	Rabies ig, im/sc	62.89	62.89
90376	Rabies ig, heat treated	67.13	67.13
90378	Rsv ig, im, 50mg <i>May require prior authorization (refer to page C.8)</i>	\$621.18	\$621.18
90379	Rsv ig, iv	Not covered	Not covered
90384	Rh ig, full-dose, im	Not covered	Not covered
90385	Rh ig, minidose, im	Not covered	Not covered
90386	Rh ig, iv	Not covered	Not covered
90389	Tetanus ig, im	Not covered	Not covered
90393	Vaccina ig, im	Not covered	Not covered
90396	Varicella-zoster ig, im	106.72	106.72
90399	Immune globulin	Not covered	Not covered

### Audiologic Function Tests

The audiometric tests listed below imply the use of calibrated electronic equipment and therefore are reimbursed separately. Other hearing tests are considered part of the general otorhinolaryngologic services and are not billed separately.

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
92552	Pure tone audiometry, air	\$10.90	\$10.90
92553	Audiometry, air & bone	16.35	16.35

### Fluoride Varnish Applications

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
D1203	Topical fluor w/o prophylaxis	\$13.52	\$13.52

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# Memo 05-77MAA

-E.10-

Billing/Fee Schedule